

Caring For the Oral Health of Individuals With Special Needs: Introduction

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This webinar is the first in a series of webinars designed to help improve the overall oral health of individuals with special needs. Over the years we have struggled with finding ways to improve the oral care of this population. Our hope is that through these webinars a patient centered care plan can be developed, comfortably taught and shared, and implemented for each individual based on their personal needs assessment.

Caring For the Oral Health of Persons With Special Needs

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- PDA Committee on Access to Care
- PA Department of Health: Advisory Health Board

These are some of the current affiliations I have that contribute to my knowledge base for these modules. I have been treating individuals with special needs for 25yrs in private practice and in safety net clinic settings. The stories and information that I share with you come from these years of experience, as well as continual research regarding this subject. Many are “trick of the trade” that I have found to be successful in the care of this population.

Caring For the Oral Health of Persons With Special Needs



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Disclosure

Specialized Care Co, Inc.
Specialized products to facilitate the delivery of oral health services

<http://www.specializedcare.com/>



<https://www.arktherapeutic.com/>

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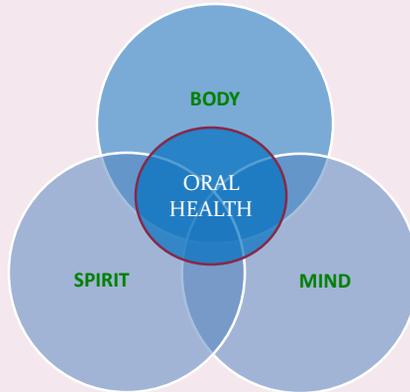
This is the standard disclaimer and disclosure statement.

Learning Objectives

- Define individuals with special needs.
- Specify the challenges preventing effective oral care for individuals with special needs.
- Identify the basic elements necessary in evaluating individuals with special needs.
- Describe the core elements necessary in an oral care plan.
- Describe how to develop and teach an oral care plan.

During this introduction, we will start to consider the challenges faced in developing and executing an effective oral care plan. We will look at the elements necessary for an oral care plan. In future modules, we will provide a more in depth look at some of these elements. We want each person taking these modules to consider themselves an essential part of the patient centered care plan.

Oral Health is an integral part of the attributes that are essential to the quality of life.



Oral health care involves not just caring for teeth and gums, but for all the factors that make a person healthy.

Essentially, for the purpose of these modules, anyone who cannot receive care easily, such as go, accomplish task, and leave, is classified as special needs. The techniques you will learn are applicable to all age groups and all ability levels. These courses are designed to help all care givers, whether professionals or family members, as well as individuals with special needs to become better able to develop an interdisciplinary oral care plan.

Persons with Limitations in PA

The Pennsylvania 2010 census data indicates that in non-institutionalized settings,

- over 5,000,000 households include people over 60 years of age
- there are 609,184 persons over 5 years with an independent living difficulty
- there are 316,972 persons with self-care limitations.
- 5% of Pennsylvania's 726, 740 children are served by state and federal Head Start Programs.

Office of Child Development and Early Learning 2014-15



92 yr old lives independently

This information does not include those living in group homes, nursing homes, or other institutional type settings. As you can see, we are dealing with a very large population.

Goals of Program

- Learn to identify physical, behavioral, emotional, and social limitations that may prevent participation in and/or execution of an oral care plan.
- Learn how to create an oral care plan for individuals of all ages and ability levels.
- Learn how to educate the team involved in the oral health care plan.



These modules were created to encourage and teach the development of an interdisciplinary patient centered oral care plan for individuals with special needs. For twenty five years, my colleagues and I have found that the overall oral hygiene and care of these individuals continues to be poor. Sending reports that say “improve oral hygiene” is not enough to make these improvements. Those responsible need to understand what it is they need to accomplish and how to accomplish it.

The challenges faced for oral care are not new to this population. With the deinstitutionalization of individuals into group homes, more people staying at home, and the Americans with Disabilities Act, providers in general practice find more and more often that individuals with special needs are seeking care in general care settings.

Individuals with special needs are at high risk for disease

- Their care givers may not know how to provide care or understand importance of care.
- Care givers may not be able to provide adequate care
- May not realize what is considered disease.



Consider the condition of the care provider and the tasks you are asking them to accomplish!

Avoid being accusatory or judgmental when evaluating a patient. Lack of understanding oral care needs or how to provide care can limit anyone's success. Often the care giver has just taken over caring for someone. We are all too familiar with the number of grandparents caring for young children, etc. I had a 13 year old patient who had to call his grandmother to come when he called the police to report his parents for cooking meth in the house where he and his younger siblings lived. Imagine the trauma to everyone involved. Transitions can be difficult for everyone, and we need to know the whole story in order to truly understand the needs of the patient and how to address those needs in the care plan.

Individuals with disabilities are at risk for dental disease

- Paying for care is often difficult, especially for those requiring sedation.
 - Medicare does not cover dental services.
 - Medicaid benefits vary by state and can be limited, especially for individual who do not live in institutional settings.
 - Case workers and social workers are often needed to help negotiate the benefits available to an individual.



● Center for Health Care Strategies, Inc. Feb, 2016

The only “dental” that Medicare covers is TMJ therapy. However, some of the other things we will talk about may be covered, and it does not hurt to check each persons plan or to submit to medical insurance when billing for services. How the individual is designated for services influences their coverage. If they are not designated as having a special need or living in a group home, they may not have some coverage. Some have supplemental plans. Plans are changing regarding the dual eligible individuals with both Medicare and Medicaid. Oftentimes the offices where people seek services are also confused. Insurance can be difficult for everyone. Involving a case worker can be very helpful to staff and individuals.

Limitations and Concerns

- Physical, behavioral, emotional, and social barriers continue to prevent thorough and effective oral care plans from being created, understood, and accomplished on a daily basis.
- Oversight is needed to assure development and execution of oral health plans for each individual.
- Health professionals need to develop health plans for individuals and care givers that meet the specific needs of each person. These plans must accommodate specific limitations and obstacles to care.

Again, saying that something needs to improve without offering ways to improve it is not good enough. No problems, only solutions! A plan must be evaluated and revised with each visit in order to determine where there is success and what more needs to be revised. Everyone has to be on board with the plan and maintaining the momentum from the visit.

Behavioral and Emotional Deficits Oral Health Concerns

- Sensory processing needs can delay care or complicate lessons.
- Need environment that works for the patient.
- Care givers anxious about executing new procedures.
- Care givers overwhelmed by general care may have trouble prioritizing oral care.
- Care givers often find the professional environment to be a challenge for themselves and the individuals they care for.

Unless you have a child or someone else with special needs you take care of, it is hard to imagine the daily challenges that some people face everyday. It is exhausting to deal with a challenging individual. Now add caring for yourself or other family members. In professional settings, many care givers are stressed that the patient will “act up” and they will not be able to come back, or they are afraid of wasting the doctor’s time. There is often a fear of the child being hurt or the provider being hurt.

Provide Effective Care

- Care givers often think they are already doing a good job
- Patients may believe they are doing a good job
- Patients can continue to refuse thus compromising their care



These people had cleaned their teeth just before coming to the office. RED GINGIVA, PLAQUE, CLEAN LOWERS on right. Calculus on left that patient thought was a tooth.

Sometime you just have to look at the mouth of the care giver to know what the mouth of the person in their charge is going to look like. What culture did they come from? Do they consider tooth loss inevitable? How well are they taking care of their medical conditions? It is not easy to convince someone who neglects their overall health not to neglect their oral health, and so the vicious cycle develops and continues.

Oral Health and Health Risks



The mouth is finally being put back into the body. I have often stated we should be oralologists and not dentists. Understanding the influence of poor oral health on overall health and how overall health is reflected in oral health is a cornerstone to oral health education.

Oral Health and Health Risks

- Oral bacteria has been associated with pneumonia, increased risk of aspiration pneumonia
- Chronic infection can cause diabetes complications, has been associated with pancreatic cancer.
- Malnutrition and failure to thrive
- Coronary disease bacteria found in oral cavity
- Premature and low birth weight babies
- Gastrointestinal disorders, malnutrition, failure to thrive
- Increased incidence of cancer
- Oral infections can be fatal

• American Dental Association, Health Policy Institute 2016, Health Resources and Services Administration 2016, American Association Cancer research 2016

Research continues to support the link between oral disease and overall health. Bacteria, viruses, and inflammatory cells in the oral cavity can be spread to all parts of the body delivered via the bloodstream, lymph system, saliva, and inhalation. You cannot hide from what is going on in your mouth.

Prevention of dental disease is critical

- Individual chews and enjoys food better.
- Teeth aid in speaking.
- Self esteem.
- Limits behavioral outbursts.
- Improves ability to concentrate and to learn.



People often forget about the many functions that the mouth and teeth play in our overall enjoyment of life. While a Sunday isn't a "healthy choice", who doesn't enjoy a reward now and again? Remember too, everyone smiles in the same language.

GOOD ORAL CARE IS NOT OPTIONAL

- Autonomy is defined as “a state of self governance, independence” American Heritage Dictionary
- 14th Amendment to the Constitution guarantees liberty interests Constitution of the United States
- The supreme court established that liberty interests also include an obligation to provide necessary medical care to persons in institutions. Youngberg v. Romeo

An individual has the right to refuse care, but at some point not providing care can constitute supervised neglect. My Special Care Dentistry Task Force struggled with this in New York. We could not seem to get care givers to understand that it was not abuse to hold someone’s head still or hands for two minutes to clean their mouth. How many refusals can be allowed before you have to change an incontinence item? Give medication? How is oral care different? Think of the pictures you saw earlier.

What is oral disease?

- A communicable infectious disease that causes:
 - Dental caries leading to the destruction of teeth
 - Periodontal disease leading to the destruction of the soft and hard tissues of the gingiva and jaw bones
 - Pain, abscesses, systemic infection and even death
 - Malodor, halitosis, bad breath



These are the more commonly thought of processes when we refer to dental disease. Remember, this is an infection!

WHAT YOU DO NOT SEE CAN HURT YOU

- Use thumb and index finger to reach from joint to joint.
- Lay that on your arm once for the upper arch.
- Now flip and lay it on your arm again for the lower arch.



Picture this open wound with inflammation, calcified debris, bacteria destroying the tissue and the bone underneath. Now put this the length of your arm. **BIG PROBLEM**, right?

What is oral disease?

- Cancer of the head and neck
- Musculoskeletal disorders effecting the TMJ and facial musculature, maxilla and mandible (jaw bones), facial bones, and functions of oral cavity including chewing and swallowing
- Nervous system disorders that effect function of the oral cavity and surrounding structures
- Developmental disorders involving the oral cavity
- Missing teeth and malocclusion
- Viral and fungal infections
- Xerostomia or dry mouth



Diagnosis Edge biopsy revealed squamous cell carcinoma
<https://oralcancerfoundation.org/dental/oral-cancer-images>

These are also oral health concerns that dental professionals look for at regular visits and can influence the overall health and well being of individuals.

Development of Healthcare Plan

The first step in development of an overall health plan is the evaluation. This cannot be glossed over, and proper documentation is key. Professional integration and the creation of wellness homes for people requires proper patient assessment and proper record keeping.

We cannot rely on memory to continue to re-evaluate the success of plans. All participants must not fail to document all findings and changes in the status of the patient as they occur.

Development of a plan

- Educate about oral health, factors that contribute to poor oral health, and benefits of good oral health.
- Long term assessment of health practices and goals.
 - Patient/care giver may not have the same end point in mind as the practitioner creating the plan.
 - Desire and ability of patient and care giver to maintain plan for long term benefit
- Create a plan that is agreeable to both the patient and the health care providers.

Remember, these plans need to be patient centered. As soon as a plan or the execution is too difficult or complicated, most people will give up.

Factors Involved in Oral Health Plan

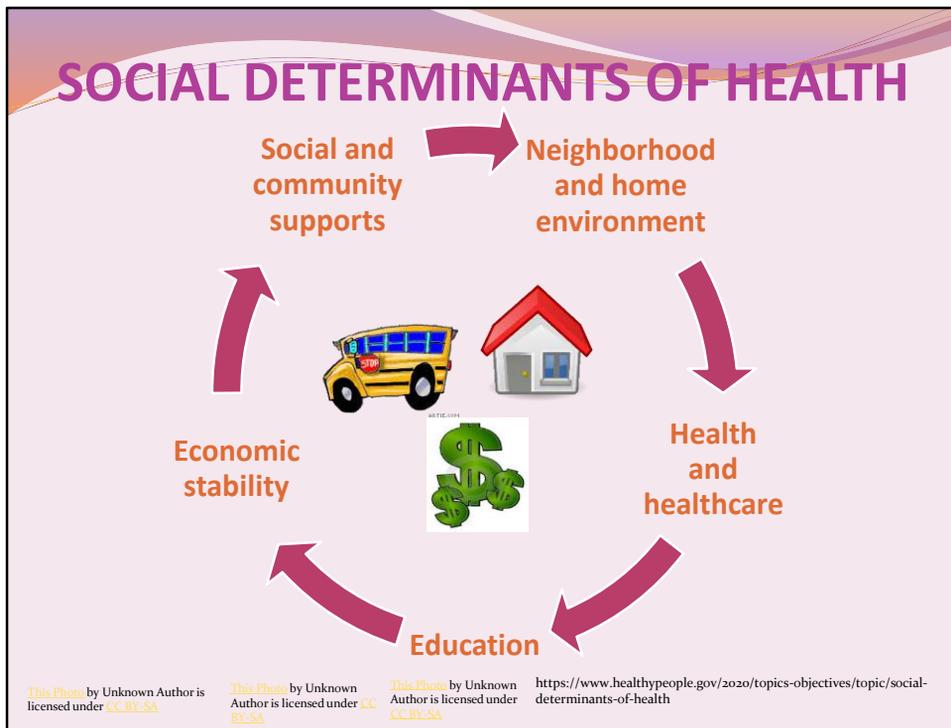
- Evaluation of patient and care givers
- Development of plan for disease control and prevention
- Education of patients and care givers
- Infection control practices
- Prevention Modalities and their use
- Nutrition and diet
- Communication and management
- Evaluation and revision of plan

Numerous factors are involved in creation of an effective oral health plan. Each patient requires a needs assessment that encompasses all factors that contribute to oral health.

Evaluation of Patients and Care Givers

- Disease present
- Medical factors influencing oral health
- Behavioral and emotional limitations to receiving and achieving health
- Physical complications that limit dexterity, alter usual positioning, and compromise visualization of oral cavity
- Cognitive limitations and knowledge base
- Social determinants of health, access, and abilities
- Goals for oral health plan

Mentioned earlier that first step in development of oral health plan is the evaluation.



As we develop the oral care plan we need to keep in mind the factors that affect this plan. Are there transportation issues? Do we need to keep in mind the bus schedule when making appointments, or will rideshare be necessary? Can the family afford the items you are suggesting? Do they live in a group setting where keeping track of one's supplies can become difficult? Do we need to work around a school or work schedule? Can we coordinate visits with another provider in order to best utilize the patient's time or an agency's resources? All these factors will influence the plan development and execution.

Education and Training Needed

- Care givers receive limited training directed specifically to oral hygiene
- Fear of injury to self and/or person caring for
- Unable to overcome resistance to care
- Limited knowledge of oral health
 - What disease looks like
 - How disease develops
 - Relationship of oral disease to systemic health
- Poorly developed oral health plans

Remember to design the plan to a level that all involved can understand and appreciate. The plan will be changing, so be sure not to overload during the initial discussion. Do not be afraid to ask if the information can be divided up for better understanding. Information overload can torpedo even the best intentions.

Oral Health Plan will be based on the ongoing needs of the individual

- You may need to modify a toothbrush, or find the best position for brushing.
- You may need to provide information about oral health.
- You may need to use behavior management techniques to overcome resistant behavior.
- Plan is ever changing as goals are met and resistant behaviors are overcome.



We will be addressing each of these as we continue through the modules. Sponge or ball can be used for making handle larger and easier to hold. Long flosser is easier with finger out of mouth and can be used in a sponge or ball as well. Bent brush is good for tipped lower incisors or limited opening. Proxy-brush for larger in between spaces.

Nutrition and Diet

- Bacteria convert sugar to acid in mouth that destroys enamel
- Acidic foods and beverages cause destruction of enamel
- Sooner back to neutral pH, not acid, the better for the teeth



Although this is an oversimplification, it provides a quick reference to explain the essence of how cavities are formed and the decay process.

Nutrition and Diet

Sugar 1tsp=4grams : Read Labels

- 33grams of sugar in typical cola drink=8 1/4 tsp. sugar
- Juices have natural and artificial sugars
- Anything gummy or tacky usually has sugar
- WHO Guidelines on Sugars intake for adults and children recommended limiting free sugars to no more than 5% energy intake to protect oral health throughout the lifetime.



- United States Department of Agriculture
- www.who.int/mediacentre/news/releases/2015/sugar-guideline/en

Know this conversion and become a label reader. Get rid of the gummy vitamins and supplements. They sit in the deep groves of the teeth and release sugar all day long. Make sure to stress that it is the time of exposure to sugar and the length of the acid attack that is critical. When baby is feed just before bed, some saliva and milk are not swallowed. If not removed with water or cloth will sit in mouth for hours and promote decay.

Importance of Regular Dental Visits

- Early detection of dental decay and periodontal disease increases the likelihood of successful treatment.
- Earlier treatment is easier and less invasive.
- Preventive maintenance assures success over a lifetime.



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Assessment goes both ways. Dentists can detect medical conditions and changes in behavior, and care providers should share any changes at each visit as well.

Importance of Regular Dental Visits

- First dental visit should occur at age one or with the eruption of the first tooth, whichever is first.
- Parent education.
- Evaluate risk factors for child.
- Show parents proper techniques for caring for child's teeth.
- Discuss diet and nutrition.

Healthy teeth from the cradle to the grave, or as a friend of mine said "from sperm to worm".

Importance of Regular Dental Visits

- Systemic diseases and vitamin deficiencies can be indicated by the condition of the mouth, gums, cheeks, and tongue.
- The tongue and oral cavity are frequently the first regions of the body to show signs indicative of a vitamin deficiency.
- Tongue abnormalities may manifest as tongue enlargement, loss of normal tongue anatomy, and sometimes burning and tingling.
- Diabetes is often indicated by certain types of gum disease.

• <http://reference.medscape.com/features/slideshow/nutrition-def#page=2>

Constant communication between oral health professionals and other healthcare professionals as well as caregivers and individuals is necessary in order to create optimal health and wellness. Maintaining regular oral health visits is imperative to evaluating the success or failure of the oral health care plan, and for determining necessary adjustments to best meet the needs of the individual.

Inter-Professional Care

- Identify oral health issues and refer early for treatment and prevention measures
- Modify polypharmacy to decrease xerostomia
- Identify limitations and share strategies to overcome obstacles to oral health care
- Be familiar with the availability of speech pathologists, occupational therapists, and psychologists while developing care plans.
- Work with staff and nurses to provide the best plan.

Ask agencies to send as much information with each visit and before the first visit as possible. The “book” is the big notebook that has all of the daily stats, behavior plans, consultations, medical conditions, medication, and personal contact information needed to evaluate the patient. Ask for the book to be brought to visits, and care givers should provide this information as well. Don’t accept an inadequate referral, and be sure someone is readily available to answer question an individual may not be able to answer for themselves.

Goals of the Home Oral Health Plan

- To prevent and treat diseases of the oral cavity and surrounding structures.
- To help the individual being assisted become as independent as possible in self-care.
- To make oral health a routine part of daily activities.
- To make each personal and professional oral care session successful.



These are the main goals. Each will have to be broken down and addressed individually. However, many of the techniques you will learn will apply to many of these primary goals. Each plan will take each of these goals and adapt it to the individual.

Summation

- These webinars are developed for several audience levels.
- Some webinars may be appropriate for more than one audience, so the language may have been adjusted to accommodate various education levels.
- Please start with the modules suggested for your audience, but you are welcome to view any modules within the webinar series.

The information provided in these webinars is based on 25+ years of experience, as well as scientific research and peer reviewed resources. Many of the ideas for oral care and behavior management that you will receive will be applicable in numerous situations, not just oral care. Our hope is that these webinars will inspire an inter-professional approach to oral health care that enhances the overall healthcare of individuals with special needs.

Questions?

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THANK YOU



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